

## Federal Program Eligibility Release Form

City of Rockford Community & Economic Development Department Neighborhood Development Division 425 East State Street Rockford, IL 61104	NW HomeStart 205 North Church Street Rockford, IL 61101	Illinois Housing Development Authority 401 North Michigan Avenue, Suite 700 Chicago, IL 60611
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**Purpose:** Your signature on this Federal Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organizations to obtain information from a third party relative to your eligibility and continued participation in state and/or federally funded program.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a federal program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Financial Privacy Notice:** The U.S. Department of Housing and Urban Development and the Neighborhood Development Division have a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance for which you have applied. Financial records involving your transaction will be available to the U.S. Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law. This notice is a requirement of the Right to Financial Privacy Act of 1978.

**Instructions:** Each adult member of the household must sign a Federal Program Eligibility Release Form prior to the receipt of benefit.

**Authorization:** I authorize the above-named organizations to obtain information about me and my household that is pertinent to eligibility for participation in the Federal Program.

**I/we acknowledge that:**

- (1) A photocopy of this form is as valid as the original.
- (2) All adult household members will sign this form and cooperate with the applicant(s) in this process.

***Head of Household:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Federal Program Eligibility Release Form**

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Household Member:***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_